

Name of Patient: _____

Health Information

Please fill out the information below to the best of your ability.

Present Problem

What is (are) the main skin problem(s) which brings you in today to seek medical attention?

Patient Medical History Have you ever had the following? (circle "yes" or "no"); if YES, please provide more complete details. **EXPLANATION**

- 1. ALLERGIES TO ANY MEDICINES? Yes No _____
- 2. ON ANY MEDICATIONS NOW? Yes No _____
- 3. ANY HEART OR LUNG PROBLEMS? Yes No _____
- 4. ANY HEPATITIS? Yes No _____
- 5. ANY ULCERS OR BLOOD IN STOOLS? Yes No _____
- 6. ANY TB OR VALLEY FEVER? Yes No _____
- 7. ANY DIABETES? Yes No _____
- 8. ANY CANCER? Yes No _____
- 9. ANY KIDNEY DISEASE OR KIDNEY FAILURE? Yes No _____
- 10. ANY BLOOD TRANSFUSIONS? Yes No _____
- 11. ANY X-RAY TREATMENTS (not routine tests)? Yes No _____
- 12. ANY THYROID DISEASE? Yes No _____
- 13. ANY AIDS OR HIV+? Yes No _____
- 14. ANY POOR SKIN HEALING OR KELOIDS? Yes No _____

any other disease _____

Previous Hospitalizations/Surgeries/Serious Illnesses: When Hospital, City, State

FOR WOMEN ONLY: DATE OF YOUR LAST MENSTRUAL PERIOD: _____

ARE YOU NOW PREGNANT? _____ IF YES, HOW MANY MONTHS? _____

DO YOU USE BIRTH CONTROL? _____ IF YES, WHAT METHOD? _____

Family Medical History

IS THERE ANY SKIN CANCER IN YOUR FAMILY? IF YES, WHO IN YOUR FAMILY HAD/HAS SKIN CANCER AND WHAT TYPE?

person age type of skin cancer

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13847 East 14th Street, Suite 218
San Leandro, CA 94578
(510)483-0312

Mill Medical Arts Building
50 S. San Mateo Drive, Suite 380
San Mateo, CA 94401
(650)344-7548

WERNER W. JU, M.D.
DERMATOLOGY

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

I understand that, under the Health Insurance Portability and Accountability Act ("HIPPA") of 1996, I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- conduct, plan, and direct my medical treatment and follow-up among the multiple healthcare providers who may be directly or indirectly involved in that treatment.
- obtain payment from third-party insurance payers.
- conduct normal healthcare operations such as quality assessments and physician certifications.

I have been given the opportunity to read and understand the Notice of Privacy Practices which contains a more complete and detailed description of the uses and disclosures of my health information. I understand that this office has the right to change its Notice of Privacy Practices from time to time, and that I may contact this office at any time at the addresses above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private health information is used or disclosed to carry out treatment, payment, or healthcare operations. I understand this office is not required to agree to my requested restrictions, but, if this office does agree, then it is bound to abide by such restrictions.

PATIENT NAME: _____

PATIENT SIGNATURE: _____

DATE: _____ / _____ / _____

OFFICE USE ONLY

An attempt was made to obtain the above patient's signature in acknowledgment on the Notice of Privacy Practices Acknowledgment, but the signature was not obtained because:

-Patient refused to sign.

-Patient is not competent to sign.

-other reason _____

signed: _____

date: _____ / _____ / _____

PHYSICIAN-PATIENT ARBITRATION AGREEMENT

Article 1: Agreement to Arbitrate: It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional rights to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

Article 2: All Claims Must be Arbitrated: It is the intention of the parties that this agreement bind all parties whose claims may arise out of or relate to treatment or service provided by the physician including any spouse or heirs of the patient and any children, whether born or unborn, at the time of the occurrence giving rise to any claim. In the case of any pregnant mother, the term "patient" herein shall mean both the mother and the mother's expected child or children.

All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the physician, and the physician's partners, associates, association, corporation or partnership, and the employees, agents and estates of any of them, must be arbitrated including, without limitation, claims for loss of consortium, wrongful death, emotional distress or punitive damages. Filing of any action in any court by the physician or patient to collect or contest any medical fee shall not waive the right to compel arbitration of any malpractice claim. However, following the assertion of any malpractice claim, any fee dispute, whether or not the subject of any existing court action, shall also be resolved by arbitration.

Article 3: Procedures and Applicable Law: A demand for arbitration must be communicated in writing to all parties. Each party shall select an arbitrator (party arbitrator) within thirty days and a third arbitrator (neutral arbitrator) shall be selected by the arbitrators appointed by the parties within thirty days of a demand for a neutral arbitrator by either party. Each party to the arbitration shall pay such party's pro rata share of the expenses and fees of the neutral arbitrator, together with other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees or witness fees, or other expenses incurred by a party for such party's own benefit. The parties agree that the arbitrators have the immunity of a judicial officer from civil liability when acting in the capacity of arbitrator under this contract. This immunity shall supplement, not supplant, any other applicable statutory or common law.

Either party shall have the absolute right to arbitrate separately the issues of liability and damages upon written request to the neutral arbitrator.

The parties consent to the intervention and joinder in this arbitration of any person or entity which would otherwise be a proper additional party in a court action, and upon such intervention and joinder any existing court action against such additional person or entity shall be stayed pending arbitration.

The parties agree that provisions of California law applicable to health care providers shall apply to disputes within this arbitration agreement, including, but not limited to, Code of Civil Procedure Sections 340.5 and 667.7 and Civil Code Sections 3333.1 and 3333.2. Any party may bring before the arbitrators a motion for summary judgment or summary adjudication in accordance with the Code of Civil Procedure. Discovery shall be conducted pursuant to Code of Civil Procedure section 1283.05; however, depositions may be taken without prior approval of the neutral arbitrator.

Article 4: General Provisions: All claims based upon the same incident, transaction or related circumstances shall be arbitrated in one proceeding. A claim shall be waived and forever barred if (1) on the date notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable California statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribed herein with reasonable diligence. With respect to any matter not herein expressly provided for, the arbitrators shall be governed by the California Code of Civil Procedure provisions relating to arbitration.

Article 5: Revocation: This agreement may be revoked by written notice delivered to the physician within 30 days of signature. It is the intent of this agreement to apply to all medical services rendered any time for any condition.

Article 6: Retroactive Effect: If patient intends this agreement to cover services rendered before the date it is signed (including, but not limited to, emergency treatment) patient should initial below:

Effective as of the date of first medical services

Patient's or Patient Representative's Initials

If any provision of this arbitration agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision.

I understand that I have the right to receive a copy of this arbitration agreement. By my signature below, I acknowledge that I have received a copy.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

By: _____
Physician's or Authorized Representative's Signature (Date)
Werner W. Ju, M.D.

Print or Stamp Name of Physician, Medical Group, or Association Name

By: _____
Patient's or Patient Representative's Signature (Date)

By: _____
Print Patient's Name

(If Representative, Print Name and Relationship to Patient)

A signed copy of this document is to be given to the Patient. Original is to be filed in Patient's medical records.